



Greetings!

Thanks for your interest in attending Operation: Restoration, a couple's enrichment retreat held at the Wooded Glen Retreat and Conference Center (www.woodedglen.com) near Henryville, Indiana. We encourage you to visit our website at http://www.indianapolis.va.gov/services/OEF_OIF_OND_pages/operation_restoration_information_page.asp to learn more details about our Operation Restoration program.

Completed applications need to be returned to our office; we prefer that you fax the completed application to Robin Paul at 317-988-5480. You may also bring your completed application to the Seamless Transition Integrated Care Clinic located on the 4th floor E wing of the Roudebush VA Medical Center.

Please select which Operation: Restoration retreat dates you are interested in attending at the top of the form. Once your application is accepted, you will be offered the first available space from the dates you selected.

We hope you will be joining us for a weekend of relaxation, recreation and renewal. Come build new memories through Operation Restoration!

Sincerely,

Robin D. Paul, LCSW
OEF/OIF/OND Program Manager
Roudebush VA Medical Center

Weekend Date Options

April 12-14, 2013 _____
 June 21-23, 2013 _____
 Sept 20-22, 2013 _____



VA Use only:
 Received date: _____
 Reviewed: _____

Funded By: Lilly Endowment

**APPLICANT INFORMATION**

Name of Veteran:

Male ____ Female ____

Date of birth:

Last 4 SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Mobile Phone:

Email:

Name of Significant Other/Spouse:

Address (if different than veteran):

Phone:

Mobile Phone:

E-mail:

Date of birth:

City:

State:

ZIP Code:

Do you have children?

Ages of children who live with you full time _____
 Ages of children who live with you part time _____

Date/year relationship began:

Married? Yes No

Marriage Date:

Do you or your significant other have any food allergies? Dietary restrictions? Preferences? (please specify)

Do you or your significant other need handicap accessible accommodations (i.e. wheelchair accessible)?

EMERGENCY CONTACT FOR VETERAN

Name of Relative not residing with you:

Relationship:

Address:

Phone:

City:

State:

ZIP Code:

EMERGENCY CONTACT FOR SIGNIFICANT OTHER/SPOUSE

Name of Relative not residing with you:

Relationship:

Address:

Phone:

City:

State:

ZIP Code:

MILITARY AND DISABILITY INFORMATION: DEMOGRAPHICS PURPOSES ONLY

Are you currently on active duty?

Branch:

Date of discharge:

Date return from overseas:

Date return home:

Type of discharge:

Were you combat wounded?

Purple heart?

Are you a service-connected disabled

Disability Rating %:

What is the nature of your disability?

PTSD? YES NO

Case manager's name?

State:

Phone:

VA staff member referring you to Operation Restoration:

VA facility where you receive care:

